



VERIFICATION OF BIRTH

State Form 53702 (9-08) / BCC 0216

Please complete one form per family. This form must be kept on file at the licensed child care program.

I, _____, have viewed the birth certificates of the child(ren) listed and attest the name(s) and date(s) of birth of the child(ren) listed below are accurate according to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Full name of child		Date of birth (<i>month, day, year</i>)
City and state of birth	Birth certificate number	Date of issue (<i>month, day, year</i>)
Name(s) of mother and/or father		
Signature of provider		Date birth certificate viewed (<i>month, day, year</i>)

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